

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

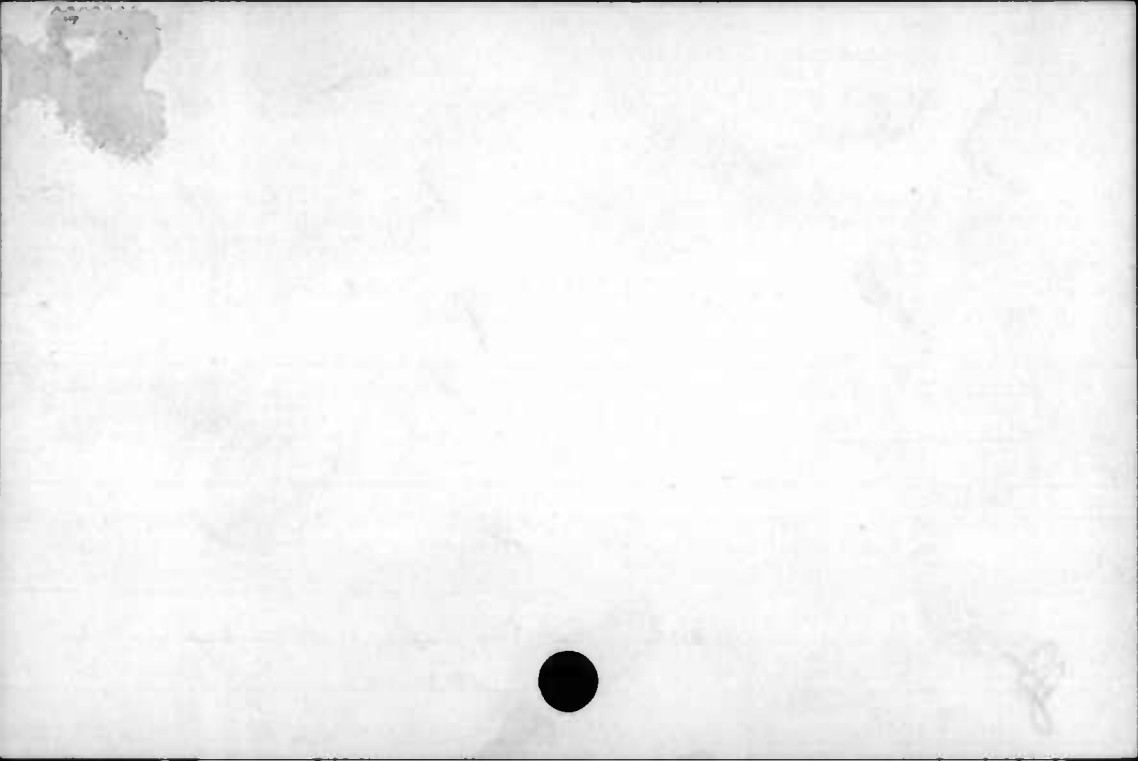
Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1907		4	5	Age 80		
Sex	Female	Color or Race	White	Birth-place	Delaware	
Occupation	H.W.			Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name		Louis Anderson		Father's Birthplace		
Mother's Maiden Name		—		Mother's Birthplace		
Name of person giving information		Joel H. Clough		How related to deceased		
				Son in law		

CAUSES OF DEATH

(44)

PHYSICIAN
OR CORONER

Primary	Cancer of face	How long	3 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. R. Smith	
		Address	
		Lynchville, N.C.	
Accident or Suicide?			



Name
in
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Louisa Brown

CERTIFICATE OF DEATH

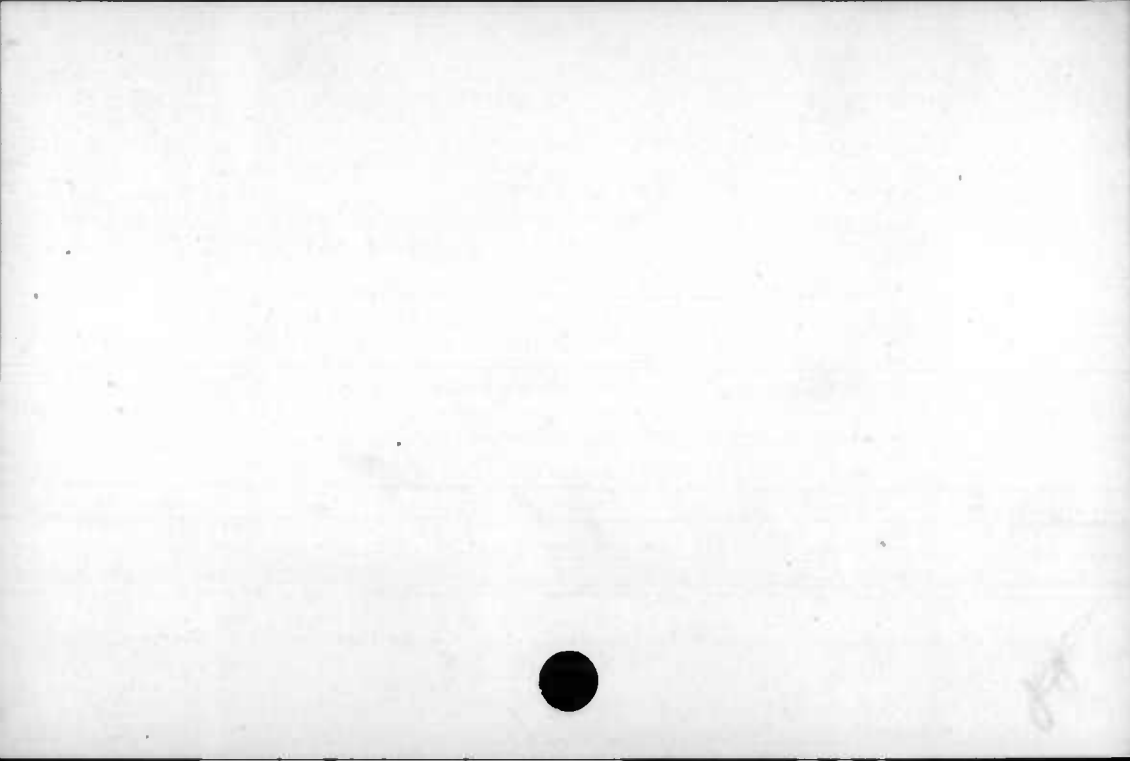
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barclay</i> Town		<i>Queen Anne's</i> County		MARYLAND	
Date of death <i>1907 April</i>		Month <i>22</i>	Day <i>22</i>	Years <i>71</i>	Age <i>71</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Caroline Co Md</i>	
Occupation <i>Y. W.</i>		Where Residing if not at place of death <i>Near Barclay, Md</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>James Brown</i>			
Father's Name <i>Jos Thomas</i>		Father's Birthplace <i>Queen Anne's Co Md</i>			
Mother's Maiden Name <i>Nancy Thomas</i>		Mother's Birthplace <i>Caroline Md</i>			
Name of person giving information <i>Chas A Brown</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grippe</i>	How long <i>4 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. H. Phillips Sub Reg</i>
		Address <i>Barclay Md</i>
Accident or Suicide?		

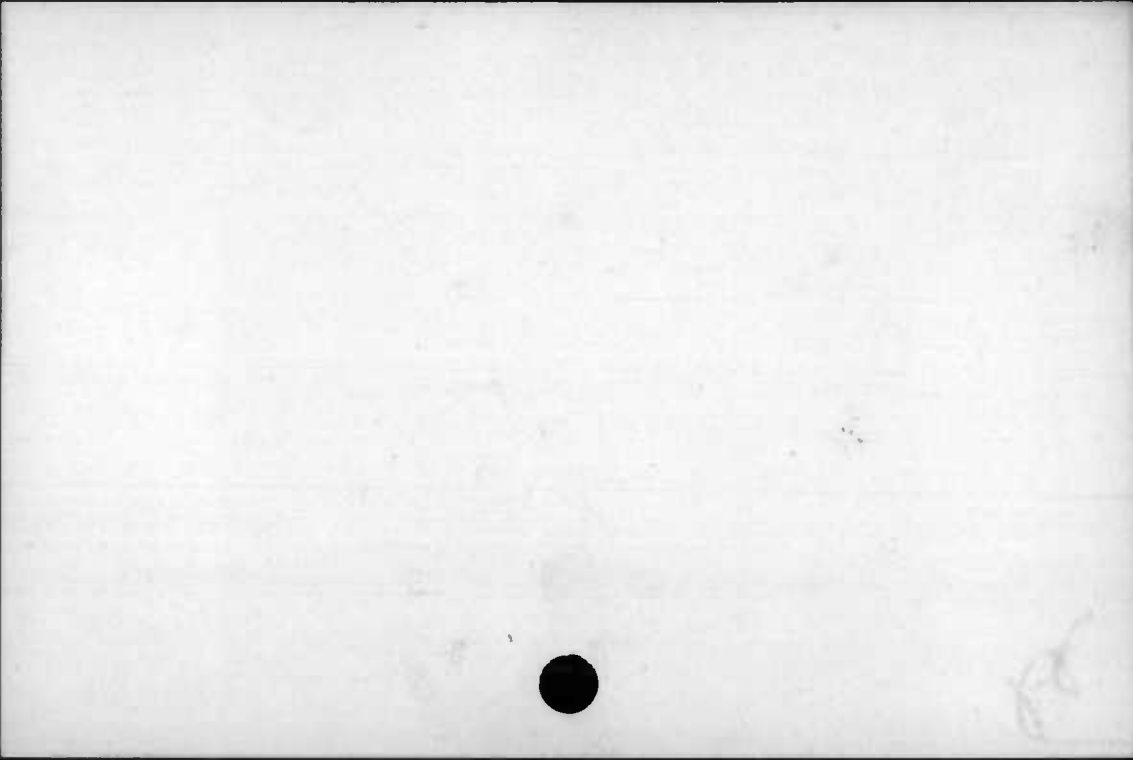


CERTIFICATE OF DEATH

Died at <u>Church Hill</u>		Town <u>Queen Anne</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>3</u>	Age	Years <u>2</u>	Months <u>1</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>D.C.C. Ind.</u>			
Occupation	Where Residing if not at place of death <u>Ch. Place of Death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Joseph H. Butler</u>	Father's Birthplace <u>D.C.C. Ind.</u>				
Mother's Maiden Name <u>Corra Del Anthony</u>	Mother's Birthplace				
Name of person giving information <u>Corra Del Butler</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary	Asphyxia	How long	—
Immediate	Asphyxia	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. G. Copeage
I never saw this child		Address	Church Hill
after death. He was			Ind
Accident	found in bed, dead by mother.		



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		4	16	28	28	2	-
Sex		Color or Race		Birth-place			
Male		Black		M.C.			
Occupation				Where Residing if not at place of death			
Laborer				-			
Married, Single or Widowed		Name of Wife or Husband					
Single		-					
Father's Name		Father's Birthplace					
Alfred Dickerson		Tennessee					
Mother's Maiden Name		Mother's Birthplace					
Dora Kins		Tennessee					
Name of person giving information		How related to deceased					
Wm. Johnson		-					

CAUSES OF DEATH

Primary	Lobar Pneumonia	How long	8 days.
Immediate	Heart failure	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. W. B. [Signature]	
		Address	
		Hillsboro, Tex.	
Accident or Suicide?			



Name
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George Earl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

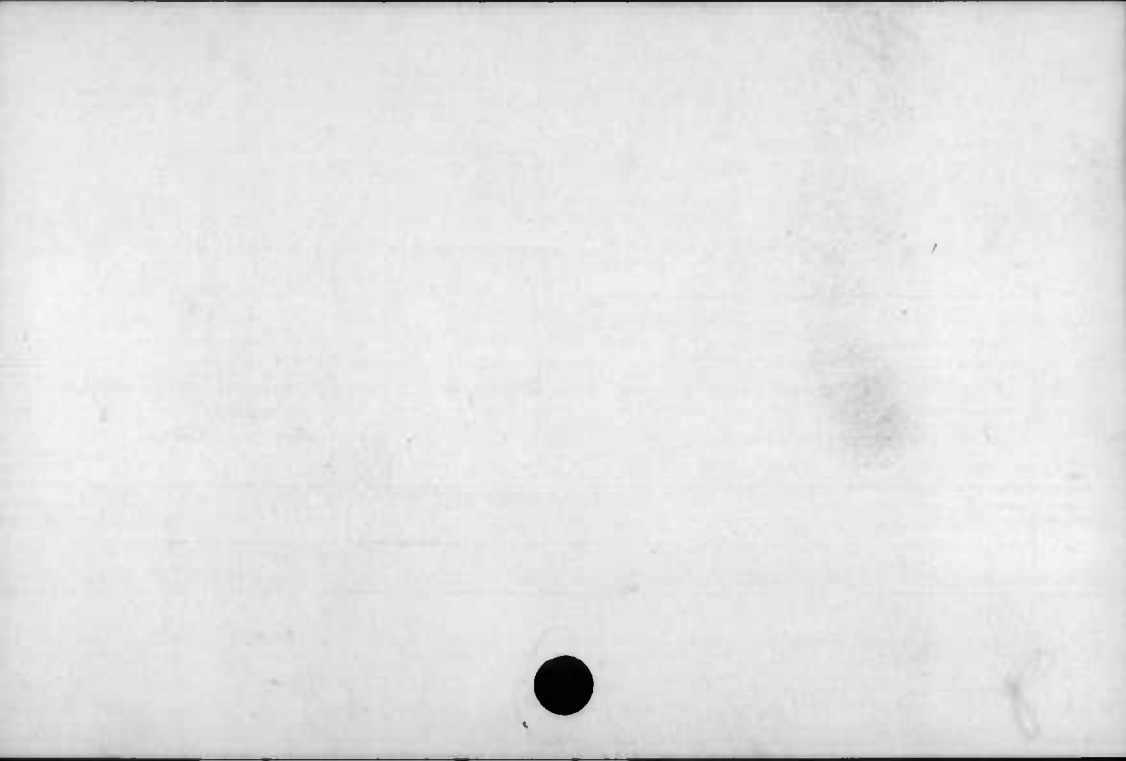
Died at <i>near Queenstown</i>		Town <i>Queen Anne Co.</i>		County <i>Co.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>April</i>	Day <i>3</i>	Years <i>40</i>	Months	Days	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Queen Anne Co., Md.</i>			
Occupation <i>Farm hand</i>		Where Residing if not at place of death <i>near Queenstown</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Richard Earl</i>		Father's Birthplace <i>Caroline Co., Md.</i>					
Mother's Maiden Name <i>Sally Bryson</i>		Mother's Birthplace <i>Queen Anne Co., Md.</i>					
Name of person giving information <i>William Shepard</i>		How related to deceased <i>POWSON</i>					

- CAUSES OF DEATH -

79

PHYSICIAN
OR CORONER

Primary <i>Spasmodic Asthma</i>	How long <i>About two months</i>
Immediate <i>Heart failure</i>	How long <i>Probably an hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland T. Ford</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide? <i>No</i>	



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dunsmuirville</u> ^{Town}		<u>D. A. 80</u> ^{County}		MARYLAND		
Date of death	<u>1907</u> ^{Year}	<u>April</u> ^{Month}	<u>5</u> ^{Day}	Age <u>1</u> ^{Years}	<u>9</u> ^{Months}	<u>2</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Star</u>		Where Residing if not at place of death <u>at place of death</u>		
Occupation <u></u>	Name of Wife or Husband <u></u>					
Father's Name <u>Walter Forman</u>	Father's Birthplace <u></u>					
Mother's Maiden Name <u>Mary Harris</u>	Mother's Birthplace <u>Dunsmuir</u>					
Name of person giving information <u>Mary Harris</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Toxemia</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. A. 80</u>
Accident or Suicide? <u>No</u>	Address <u>Dunsmuirville</u>



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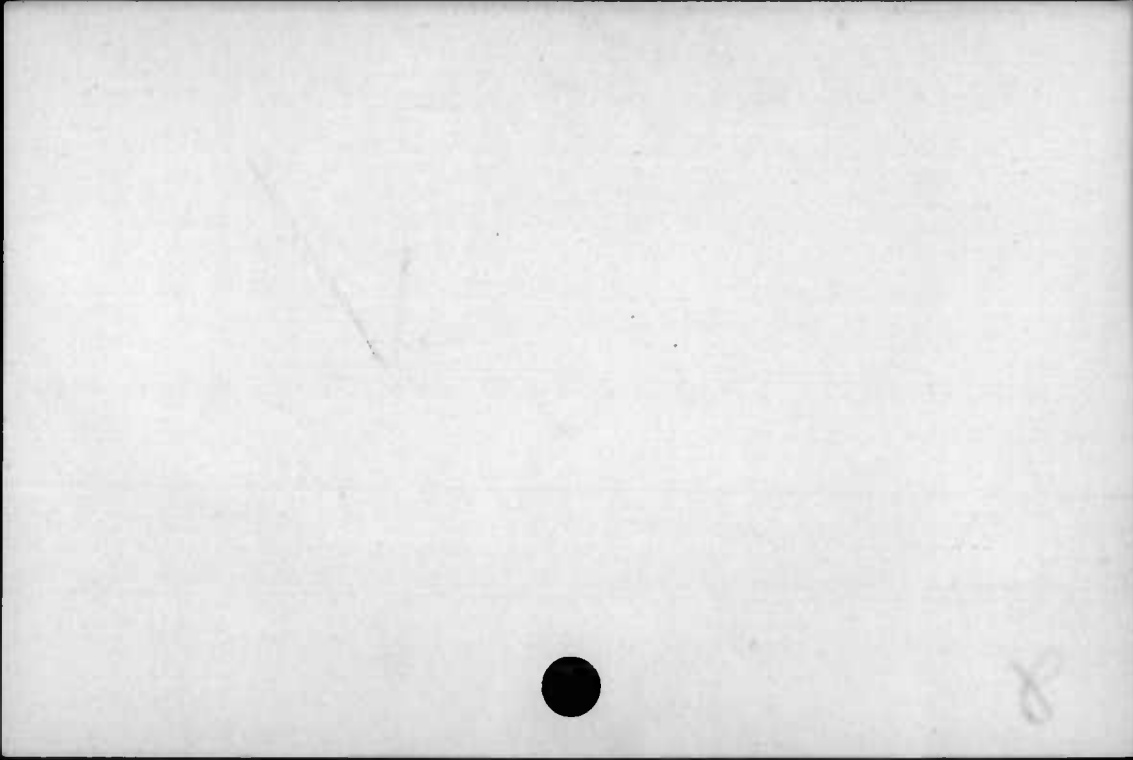
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Samuel Hockett Fox Jr.</i>		Town <i>New Church Hill</i>		County <i>Queen Anne</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>April</i>		Day <i>8</i>		Age <i>62</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Kent & Ind</i>		Months <i>9</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henrietta Coldiron</i>		Father's Name <i>Samuel Fox</i>			
Father's Name <i>Samuel Fox</i>		Father's Birthplace <i>Kent & Ind</i>		Mother's Name <i>Mary Hockett</i>			
Mother's Maiden Name <i>Mary Hockett</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Son</i>			
Name of person giving Information <i>Chas. L. Fox</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of the Liver</i>		How long <i>one year. +</i>	
Immediate <i>Exhaustion</i>		How long <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. G. Capron</i>	
Address <i>Church Hill, Md</i>		Address <i>Church Hill, Md</i>	



Name
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Winfield Scott Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick ^{Town} Queen Anne ^{County} MARYLAND

Date of death 1907 ^{Month} 4 ^{Day} 21 ^{Years} 21 ^{Months} 3 ^{Days} 12

Sex Male Color or Race White Birth-place Brunswick Ind

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Thomas Harrison Father's Birthplace Brunswick Ind

Mother's Maiden Name Isabel Catherine Hall Mother's Birthplace Budleyville Ind

Name of person giving information Paul Harrison How related to deceased Brother

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

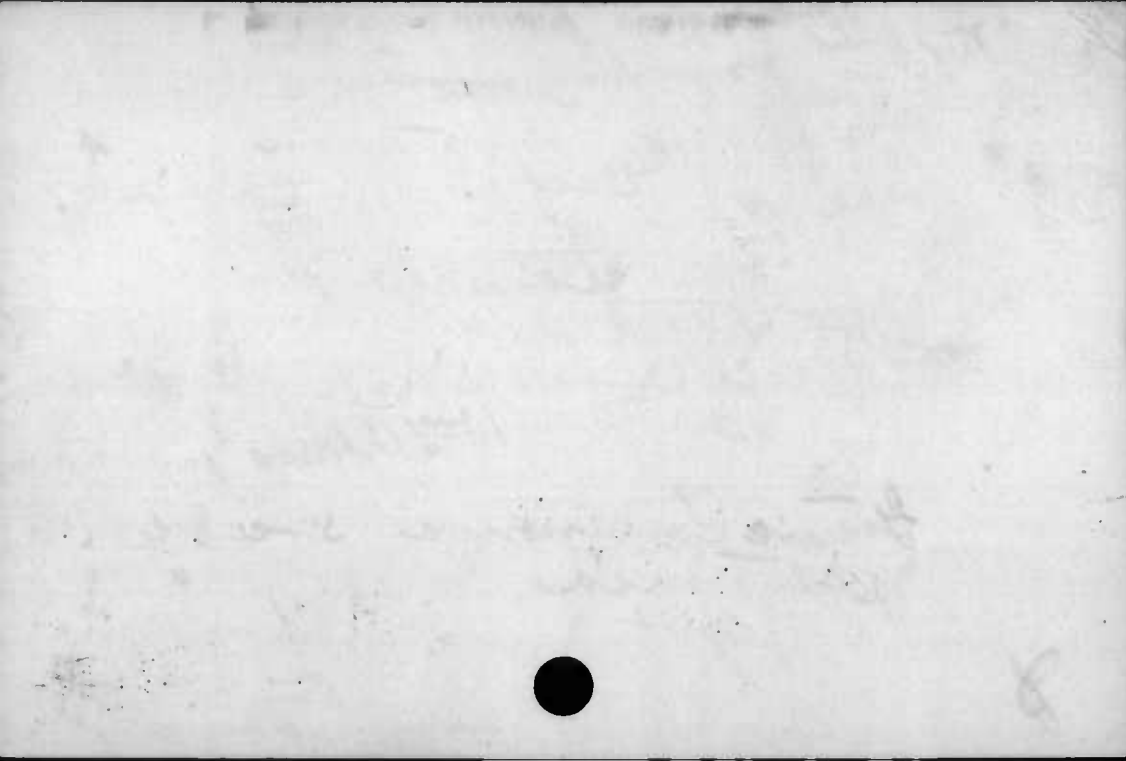
Primary Acute Pulmonary Atresia How long One year

Immediate Stagnulation How long —

Are the name, age, sex, color, date and place correctly given above yes

Signature of Physician Geo H. Peterson M.D. Address Brunswick Ind

Accident or Suicide? 8



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patuxent</i> ^{Town} <i>Queen Anne</i> ^{County} <i>Maryland</i>		MAYLAND	
Date of death 190 <i>7</i> ^{Month} <i>4</i> ^{Day} <i>18</i> ^{Years} <i>45</i> ^{Months} <i>3</i> ^{Days} <i>4</i>	Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Coralie Co. Md.</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Carmilla Flowers</i>		
Father's Name <i>Wm H. Jackson</i>	Father's Birthplace <i>Dorchester Co. Md.</i>		
Mother's Maiden Name <i>Pollie Anne Rich</i>	Mother's Birthplace <i>Coralie Co. Md.</i>		
Name of person giving Information <i>Brother Wm J. Jackson</i>	How related to deceased <i>Bro.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Carcinoma</i>	How long <i>Since Dec 25 '06</i>
Immediate <i>Asthenia</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Hackett M.D.</i>
	Address <i>Queen Anne Md.</i>
Accident or Suicide? <i>No</i>	

Denton

Name

in
Full

Garrison Kilson

CERTIFICATE OF DEATH

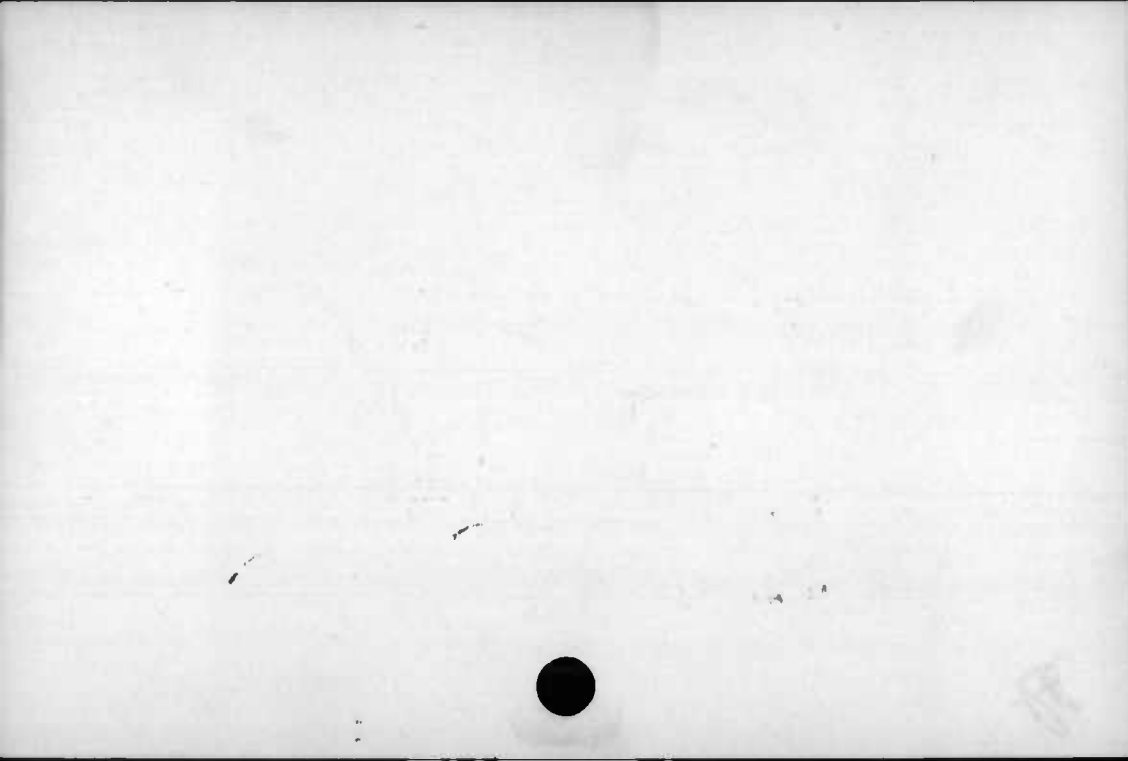
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aims House</i>		Town <i>Rutherford</i>		County <i>Queens Anne's</i>		MARYLAND	
Date of death <i>1907 April</i>		Month <i>24</i>		Day <i>40</i>		Years <i>—</i>	
Sex <i>males</i>		Color or Race <i>negro</i>		Birthplace <i>2 A Co Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Gideon Kilson</i>		Father's Birthplace <i>2 A Co</i>	
Mother's Maiden Name <i>Mary</i>		—		Mother's Birthplace <i>2 A Co</i>		—	
Name of person giving information <i>Mrs Lester</i>		—		How related to deceased <i>—</i>		—	

CAUSES OF DEATH

Primary <i>Brain Trouble</i>	How long <i>1 Year</i>
Immediate <i>no</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr A Holton</i>
Accident or Suicide? <i>irratione</i>	Address <i>2 A Co. Centerville Md</i>

PHYSICIAN
OR CORONER





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Name
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CERTIFICATE OF DEATH

Benz F. Ringgold

TO BE ANSWERED BY
NEAREST FRIEND

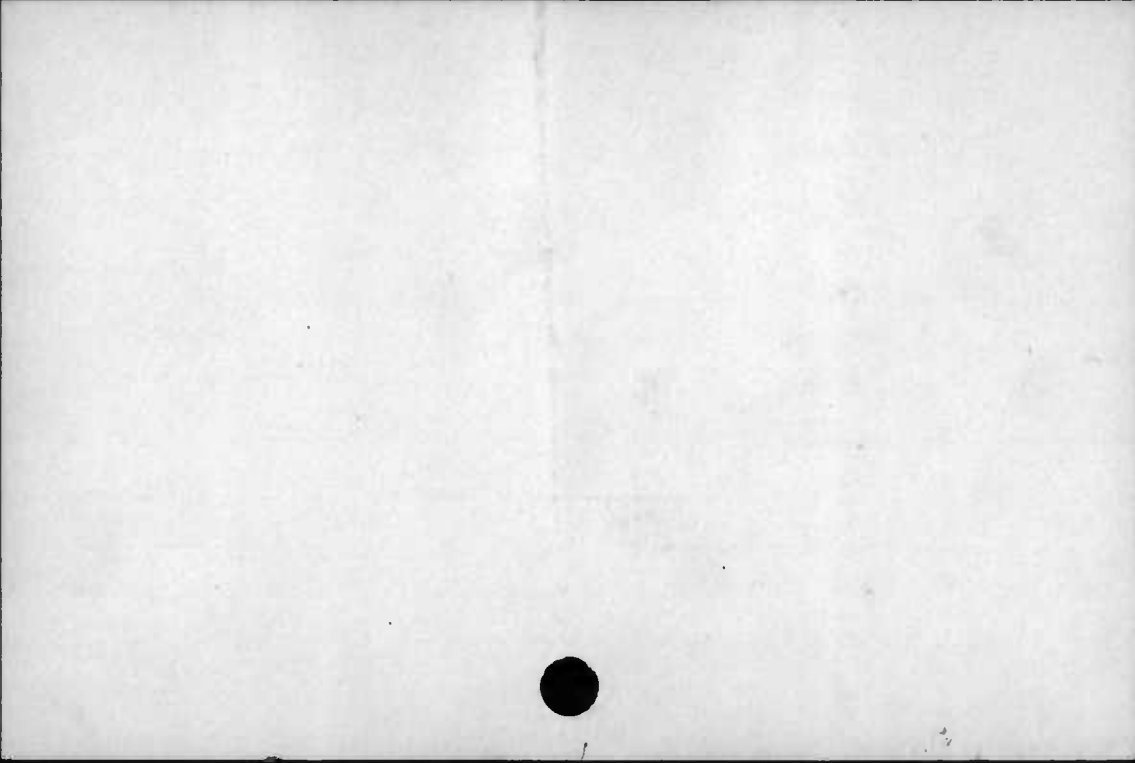
Died at <i>Kent Island</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Apr.</i>	Day	<i>24</i>
Age	<i>54</i>	Years	<i>54</i>	Months	<i>4</i>
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Kent Island</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Kent Island</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Harriet Martin</i>		
Father's Name	<i>Chas. Ringgold</i>			Father's Birthplace	<i>Kent Island</i>
Mother's Maiden Name	<i>Matilda Ringgold</i>			Mother's Birthplace	<i>Kent Island</i>
Name of person giving information	<i>Maudie Ringgold</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 wks.</i>
Immediate	<i>Pleuritic effusion & weak heart</i>	How long	<i>4 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. R. Benton</i>
		Address	<i>Shenandoah</i>
Accident or Suicide?	<i>No</i>		<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ingleside</i>		Town <i>Rochester</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>4</i>	Day <i>9</i>	Age <i>still born</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ingleside</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Alfred Rochester</i>				Father's Birthplace <i>Id</i>			
Mother's Maiden Name <i>Annie T. Guff</i>				Mother's Birthplace <i>Id</i>			
Name of person giving information <i>William Rochester</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(S)</i>	How long
Immediate		How long <i>still born</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles Graham</i>
		Address <i>Ingleside</i>
Accident or Suicide?		



2

Name
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CERTIFICATE OF DEATH

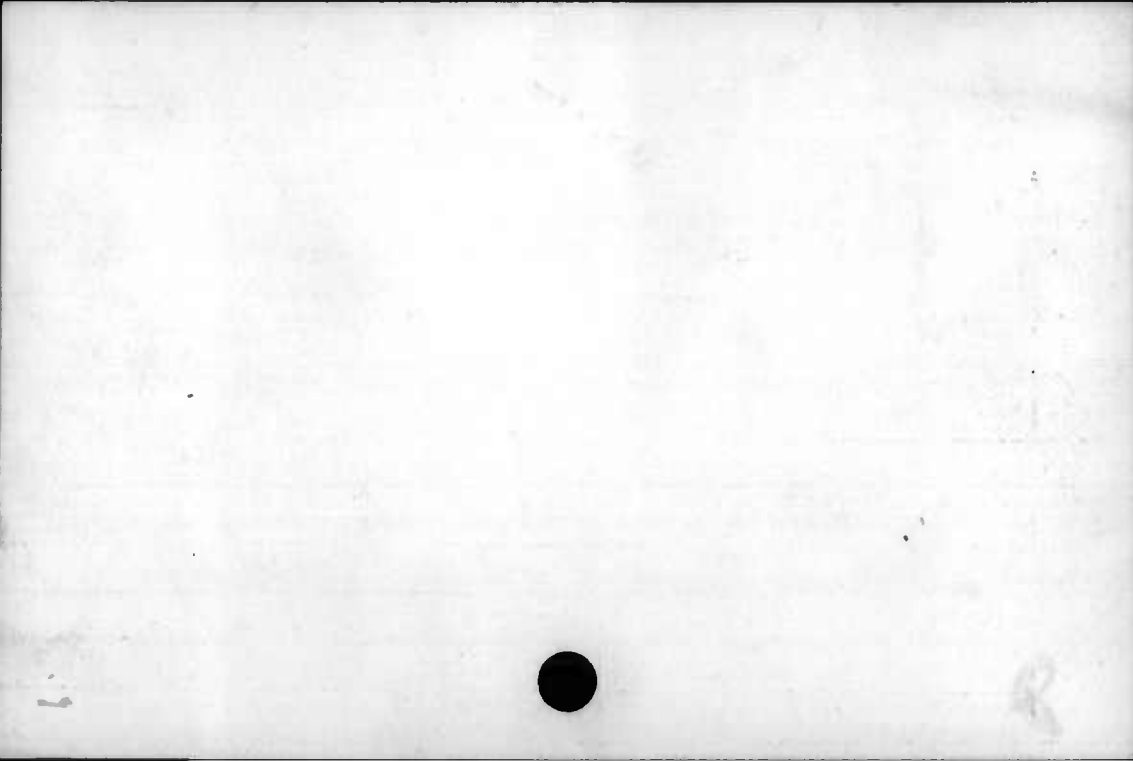
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Apr	8 th	Age 56	1	4	
Sex	Female	Color or Race	White		Birth-place	Queen Anne's Co.	
Occupation	Housewife		Where Residing if not at place of death		Kent Island		
Married, Single or Widowed	Single		Name of Wife or Husband		Paul Seward		
Father's Name	Gold Goldsborough				Father's Birthplace	Queen Anne's Co.	
Mother's Maiden Name	Mary Gardner				Mother's Birthplace	" " "	
Name of person giving information	Paul Seward				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	1 yr.
Immediate	Weak heart	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. C. Runtou	
Address		Thomsville	
Accident or Suicide?			



Name
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Mrs Mary Elizabeth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Church Hill Queen Anne's							
Date of death	1907	Month	April	Day	14	Years	41
Sex	Female	Color or Race	White	Birth-place	Kent Co Ind.	Months	5
Occupation	Housewife	Where Residing if not at place of death	At place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	John Caesar Smith				
Father's Name	Samuel Taylor	Father's Birthplace	Kent Co. Ind.				
Mother's Maiden Name	Rebecca Stonley	Mother's Birthplace	Del.				
Name of person giving information	Mrs Cora Rambo	How related to deceased	Sister-in-law.				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	10 days
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Coforge
		Address	Church Hill Ind.
Accident or Suicide?			



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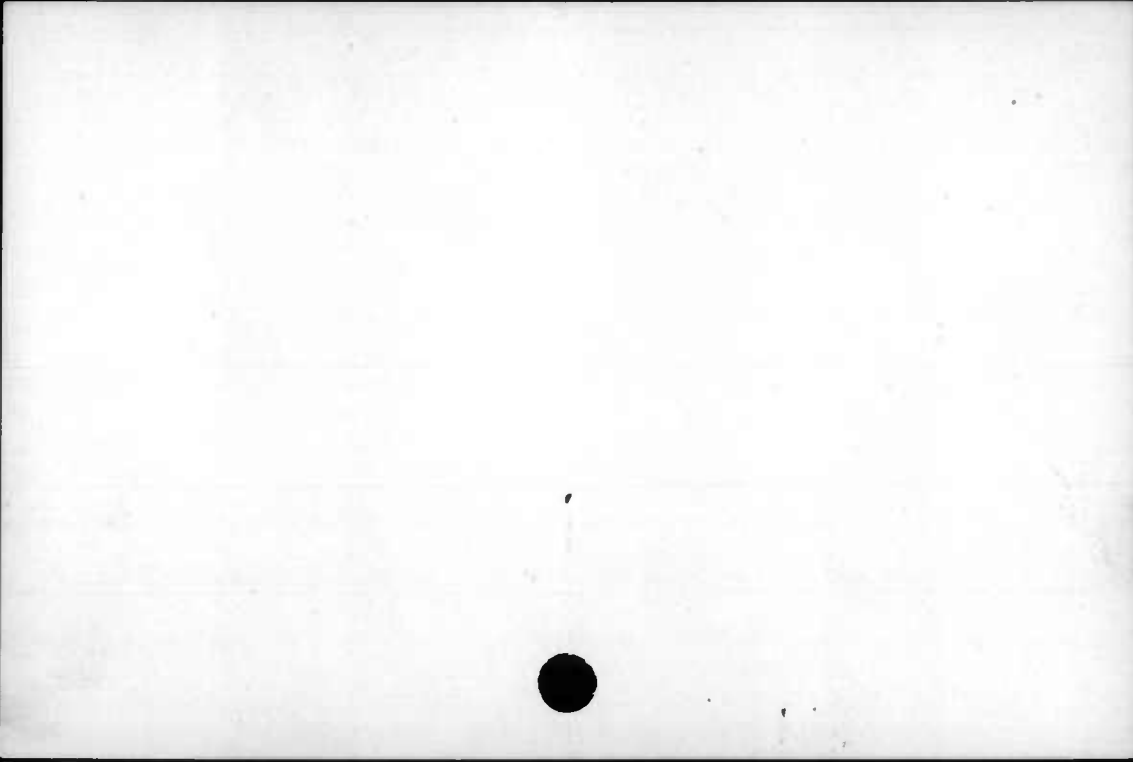
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coesville</u> ^{Town}		<u>Sparks</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>4</u>	Day <u>9</u>	Age <u>infant - still born</u>	Years <u>0</u> Months <u>0</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>J. Oscar Sparks</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Rose Hand</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>J. Oscar Sparks</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Miscarriage</u>	How long	<u>8</u>
Immediate	<u>Miscarriage</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Carl J. Graham</u>	
		Address <u>Ingliside Ind</u>	
Accident or Suicide? <u>No</u>			



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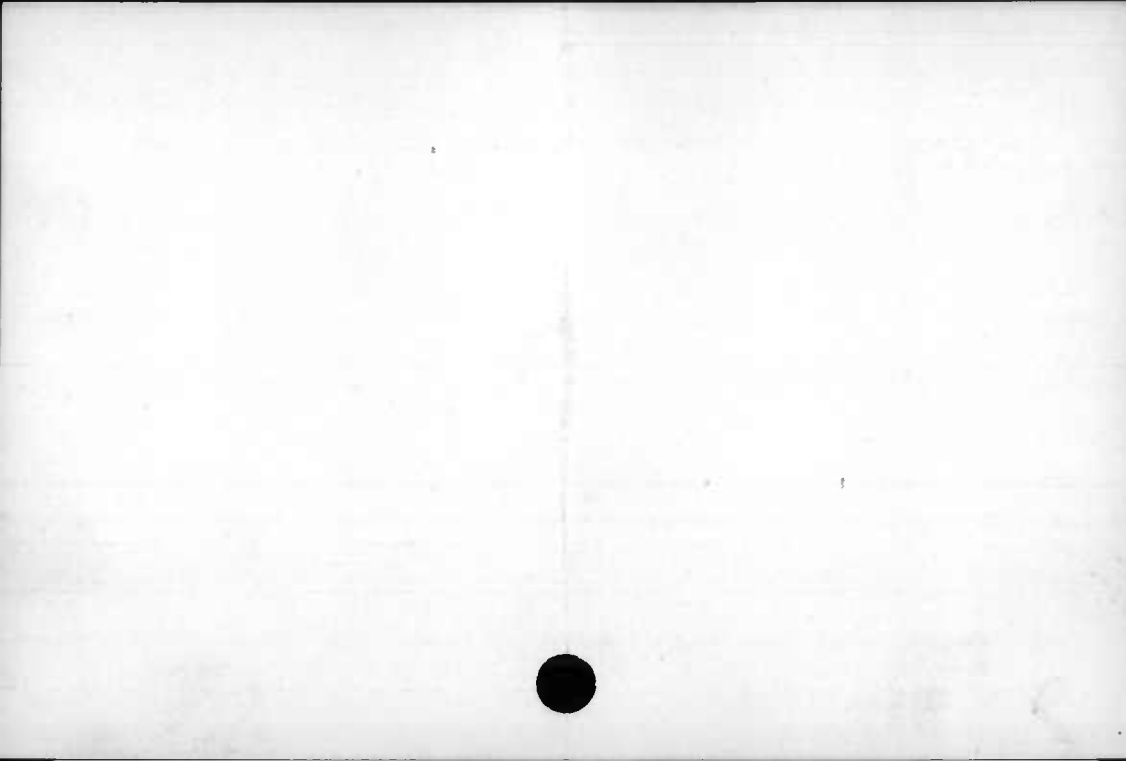
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Died at <i>Mar Roessville</i> Town		<i>Sparks</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>9</i>	Age <i>still born</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>S. Oscar Sparks</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Rose M. Hand</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>S. Oscar Sparks</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	<i>(8)</i>	How long
Immediate <i>Miscarriage</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. K. Abraham</i>
		Address <i>Ingleside Id</i>
Accident or Suicide? <i>No. 1. 8. 10. 2. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.</i>		



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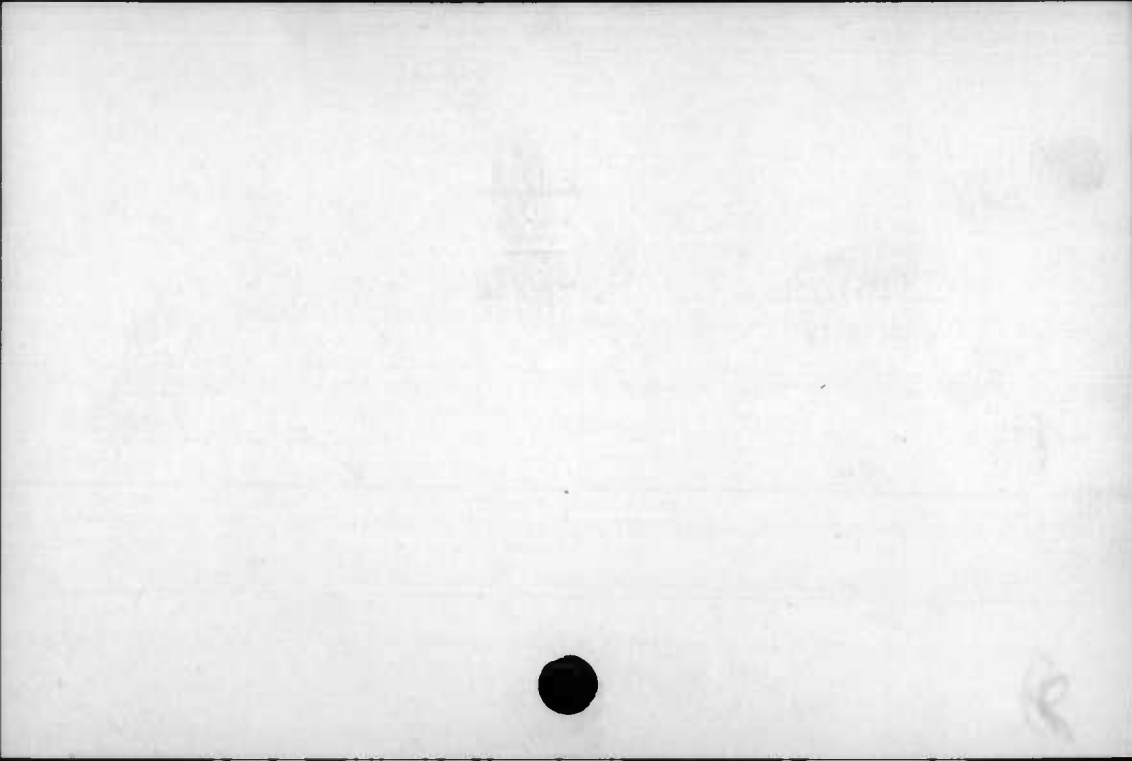
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Year Star</i> <i>Q.A. Co</i>		County		MARYLAND							
Date of death	1907	Month	April	Day	23	Age	5-5 yrs	Months	✓	Days	✓
Sex	Male		Color or Race	Black		Birth-place	Q.A. Co.				
Occupation	Farm hand			Where Residing if not at place of death		at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		—						
Father's Name	Unknown					Father's Birthplace	Unknown				
Mother's Maiden Name	Julia Hackett					Mother's Birthplace	Q.A. Co				
Name of person giving information	Charley Wilson					How related to deceased	Nephew				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>3 days</i>
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. F. Smith M.D.</i>
		Address	<i>Centreville Md.</i>
Accident or Suicide?			



Name
In
Full

Annita Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

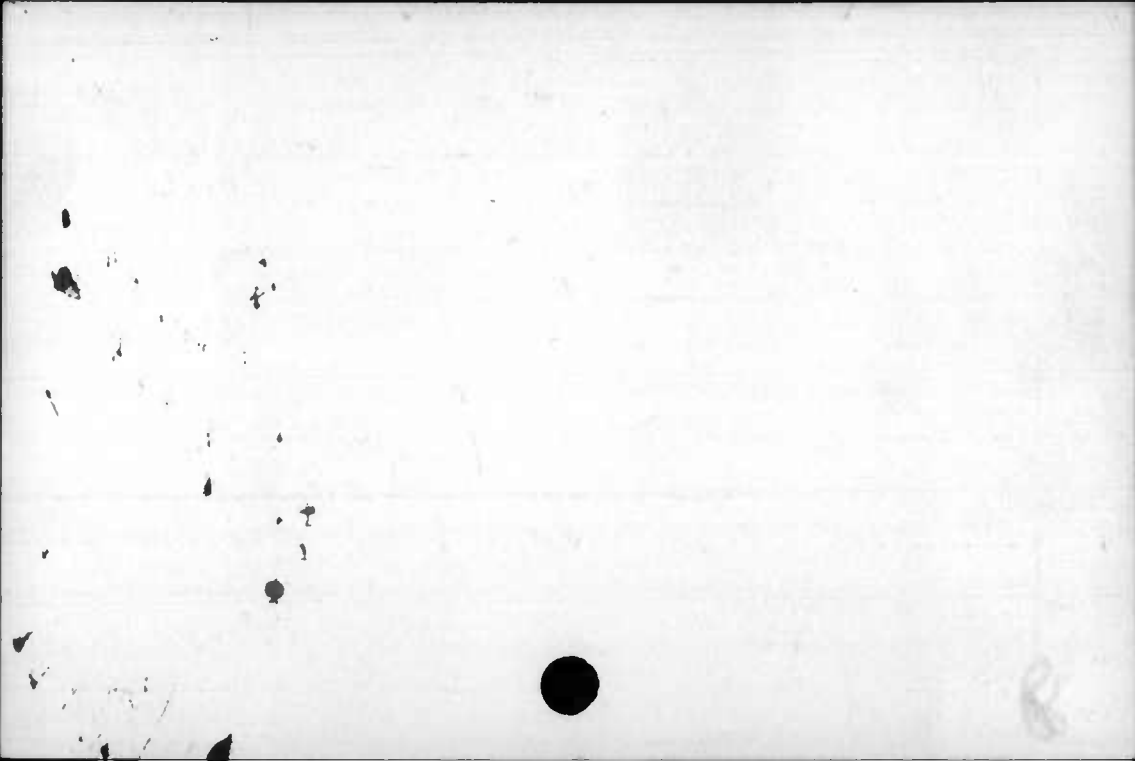
Died at		Frod Stone		Town		2		County		a ce		MARYLAND	
Date of death		1907		Month		Apr		Day		27		Age	
												Years	
												Months	
												Days	
Sex		Female		Color or Race		African		Birth-place		2 a ce			
Occupation		Reluctant		Where Residing if not at place of death		Frod Stone							
Married, Single or Widowed		Widow		Name of Wife or Husband		Henry Stewart		deceased					
Father's Name		Lewis Griffin		Father's Birthplace		2 a ce							
Mother's Maiden Name		Susan McKenris		Mother's Birthplace		2 a ce							
Name of person giving information		Laura Croft		How related to deceased		daughter							

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis.	How long	Several years.
Immediate	Heart failure	How long	Sudden.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Howard B. Hapkins.	
		Address	
		Greenstown,	
		Md.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hannah Augusta Puddler</i>		Town, <i>Puddlersville</i>		County <i>Queen Anne's</i>		State <i>MARYLAND</i>	
Died at <i>Puddlersville</i>		Month <i>4</i>		Day <i>2</i>		Years <i>39</i>	
Date of death <i>1904</i>		Month <i>4</i>		Day <i>2</i>		Years <i>39</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ezekiel Puddler</i>					
Father's Name <i>Perry Daniel</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Carrie Daniel</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>E Puddler</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary Cause <i>One baby Heart Failure</i>		How long <i>Immediate</i>	
Immediate Cause		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dexter Puddler</i>	
Accident or Suicide? <i>no</i>		Address <i>Puddlersville Md</i>	

